

Hexon Limited

# Woodlands Nursing Home

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Woodlands Nursing Home is a care home providing personal and nursing care to 25 people at the time of this inspection. The service can support up to 34 older people some of whom may be living with a dementia related condition.

The service supports permanent and short-term (respite) accommodation over three floors. The service is located in a quiet location and has a large garden and parking facilities.

### People's experience of using this service and what we found

People felt safe and that staff looked after them well. Staffing levels were continually reviewed to ensure people's needs were met. Staff knew how to safeguard people from abuse and avoidable harm. Risk management plans were in place, detailed guidance enabled staff to protect people's safety and wellbeing. Medicines were managed safely.

Staff received regular training, supervision and support from management to deliver effective care. Regular meetings and handovers between shifts ensured staff were aware of people's changing needs. People felt supported and that staff had the skills and experience to support them.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's dietary requirements were regularly reviewed, and advice sought from health professionals when needed. Staff patiently supported people to eat and drink, when possible people were supported to do this independently.

Staff and management were caring and kind. They respected people's privacy and dignity at all times.

Staff delivered person-centred care tailored to each person's needs. Communication care plans were in place and included alternative formats such as large print depending on people's preferences. Staff knew about people's life histories, interests and hobbies. A variety of activities had been scheduled taking into consideration people's hobbies, interests and suggestions. People's religious needs and beliefs had been considered and accommodated. People's wishes for end of life care had been explored and documented.

People knew the registered manager and they had an 'open minded' approach. People and their relatives felt listened to and happy discussing complaints with any of the staff. Systems in place to monitor the quality of the service were effective in driving continuous improvements. The culture within the service was open and honest and staff felt their input to improving people's experiences was valued.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 26 July 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Woodlands Nursing Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Woodlands Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from health and social care professionals who work with the service. The provider was not asked to complete a provider information return before this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service, four visiting relatives and a health professional for their feedback about the service. We spoke with eight members of staff including the registered manager, area manager, two care workers, a nurse, a domestic assistant, an activities co-ordinator and the cook.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- People's needs had been continually assessed to inform appropriate staffing levels.
- The majority of feedback about staffing levels was positive. People's comments included, "There are plenty of staff, they all talk to me" and, "You never have to wait long for staff when you call for them." A visiting health professional advised, "We have been visiting for a few years now, we see plenty of staff."
- The provider's recruitment processes were safe.

### Systems and processes to safeguard people from the risk of abuse

- People felt safe. Visitors advised, "It's excellent the way staff look after [name of person]." A relative said, "It's safe and the building is secure."
- Staff understood how to protect people from abuse or avoidable harm. Policies and procedures were in place to guide staff. Concerns were thoroughly investigated, recorded and reported to the appropriate external agencies.
- Staff were aware of the provider's whistleblowing procedure.

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Staff understood people's needs and knew how to support them safely. Care plans and risk assessments provided detailed guidance for staff on how to safely manage risks to people's health and wellbeing.
- Staff had been efficient in identifying any themes or areas of concern. Records such as repositioning and food and fluid charts had been fully completed by staff. Advice had then been sought from their own nurses or external health professionals when needed.
- Accidents and incidents had been recorded, analysed and shared with the wider staff team to promote learning. Staff were encouraged to reflect on individual events and make suggestions for future improvements.
- The premises and equipment were well maintained to ensure people's safety. Regular safety checks had been completed, such as for bed rails, and regular servicing of moving and handling equipment.

### Using medicines safely

- Medicines were managed safely and were stored and disposed of by competent and knowledgeable staff. The provider was in the process of reviewing their medicines policy to ensure it was up-to-date.
- People received their medicines at the right time. One visitor told us, "We visit once a week, and medicines are always on time when we are here."

### Preventing and controlling infection

- Infection prevention and control measures were robust. Audits identified areas needing work and action plans were in place to complete these in a timely manner.
- Staff received infection control training. One member of staff advised, "We just had infection control training from an external trainer. In addition, our director sent some slides to the manager about coronavirus. This showed us important information including how long it lives on surface areas."



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before moving to the service. Reviews and ongoing assessments recorded all aspect of people's lives. This supported staff to enable people to live as they had chosen.
- Best practice tools were used to support the delivery of good quality care. For example, oral health assessments were used to ensure people's oral hygiene was considered and supported.
- Staff encouraged people and their families to be involved in reviews of care needs. Regular meetings were held to provide opportunities for them to share their views and make suggestions to improve the service.
- Handover records detailed important information to inform staff of changes and updates to people's needs. These were completed between every shift to ensure staff had the most up-to-date knowledge and information to provide the best care to people.

Staff support: induction, training, skills and experience

- Staff received regular training needed to carry out their role. Some staff had received training in their 'areas of interest' such as nutrition and hydration and end of life care. This meant they could share knowledge to support continuous development and learning in the staff team.
- The provider had a training matrix to identify when staff had completed or were due refresher training. Staff advised; "I receive enough training to do my job. I'm now completing a team leadership course with a diploma at end of it."
- Staff supervisions were supportive and encouraged further development of skills and knowledge. Nursing staff received regular clinical supervisions. One member of staff advised, "I've had quite a few supervisions, next is my appraisal."
- Regular team meetings supported staff in their role.
- New staff completed an in-depth induction into the service. This included a period of shadowing until they felt confident and were signed off as competent to work alone.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat nutritious food and drink enough. A relative told us, "They always have a selection of fruit on the tea trolley such as grapes, orange segments, pineapple and melon."
- Refreshments were available at any time of the day. People's comments included, "The food is nice, like what you would have at home. If you don't fancy the dinner you can have something else. We get plenty of biscuits and cakes and plenty to drink."
- The cook was aware of people's dietary requirements. Records were in place detailing people's needs and preferences.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff provided effective care to people which supported good outcomes. For example, they monitored and raised any concerns about people's food and fluid intake. This ensured people's changing needs were immediately reviewed to prevent any complications as a result of swallowing difficulties.
- Staff supported people to attend appointments to promote their health and wellbeing. Comments from relatives included, "Opticians come into the home to do regular eyes checks" and, "They are quick at getting doctors in to see people."
- Documentation was in place to support good transfers and make sure people received consistent and effective care when they moved between services.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The registered manager had made appropriate applications to lawfully deprive people of their liberty. These had been reviewed before they expired to ensure only those needed were re-submitted.
- One person had a specific condition on their authorised deprivation of liberty safeguard, which was being met.
- Where people lacked mental capacity to make particular decisions, processes were followed to ensure decisions were made in the person's best interests.

Adapting service, design, decoration to meet people's needs

- The service was adapted to meet people's needs. People could choose to sit in different communal areas, this allowed them to choose quieter areas if they needed space. Picture signs supported people to find their way to different areas within the home.
- People's rooms were personalised. A large outdoor area was available for people to access and staff supported with this if necessary.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by kind and caring staff. Their comments included, "There staff are very kind. If I ask for anything, they do their best" and, "I'm sure they care; they are all very kind."
- People's religious and cultural beliefs were considered and documented. The provider had a monthly church service within the home should people wish to attend.
- People's diverse communication needs had been considered. Staff had access to detailed communication care plans to support people to express themselves.
- Staff had time to talk with people to support them emotionally. One person said, "The staff all talk to me, they sit and have a chat."

Supporting people to express their views and be involved in making decisions about their care

- Staff supported people to make decisions about their care. They were aware of other ways they could support people if they struggled to express themselves. One member of staff advised, "If people struggle to choose their clothing, I show them different items so they can point to which clothes they would prefer to wear."
- Staff used different communication methods to aid people's understanding. For example, Makaton, picture formats and digital technology.
- People were given information about advocacy services. This meant they could access support to express their views should they need to.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Feedback included; "Staff always knock on my door and say 'it's only me' before asking to enter."
- Staff understood and respected people's choices and preferences. For example, where they wanted to sit at mealtimes and which activities, they would like to be involved in. One person told us, "I usually get up about 7.30am and go to bed when I want."
- Staff supported people to be as independent as they could be. Care plans outlined people's level of independence. Staff were encouraged to step back where they could and allow people time and space for people to do things for themselves. One person advised, "I do what I can for myself. I choose my clothes and dress myself."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans provided detailed information about people's needs, preferences and specific health conditions. These were reviewed regularly and updated when people's needs changed.
- People received person-centred care which met their needs. Staff immediately highlighted concerns about people and responded well to changes in their needs, appropriately when people's needs changed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff understood people's communication needs. Communication care plans were detailed to support this process. Adaptations to support communication that were already in place were documented.
- Staff communicated well with people.
- The registered manager had knowledge of AIS. Alternative formats were available to people if needed, such as the complaints process which was in large print.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships with their family and friends. One person advised, "My son visits whenever he can, he is always made welcome."
- People were encouraged to be involved in activities and events that were meaningful to them. Group and one to one activities encouraged social interaction.
- Staff continually sought feedback from people and looked at alternative ways to meet their needs. This included sourcing a mobile 'snack shop', which where people could choose different items from a mobile trolley of snacks. The provider was in the process of arranging this.
- Visitors and families were invited to spend mealtimes with their loved ones. A relative told us, "I came for Christmas dinner and that was very nice. They have a good menu choice here."

Improving care quality in response to complaints or concerns

- People knew how to complain if they wanted to. One relative advised, "I would speak to [name of registered manager]. I would speak to them about anything, they are open minded, approachable and excellent."
- Complaints had been managed in line with the provider's policy. Detailed responses had been provided

including apologies and an opportunity for further discussion if required.

#### End of life care and support

- People's end of life care wishes had been explored and documented.
- Staff knew how to care for people at the end of their lives. The nurses worked alongside the local hospice and GP's to ensure people were pain free and received dignified care, whilst ensuring end of life plans were respected.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- People, relatives and staff spoke positively about the management of the service. Staff told us, "Management is very supportive." Relatives comments included; "Management are very approachable, I have no concerns."
- The provider and registered manager completed regular audits to continually monitor and improve the quality and safety of the service. Action plans were in place where issues had been identified. These detailed when and how issues had been resolved.
- The provider and registered manager were aware of the regulatory requirements. They had submitted notifications of significant events that happened within the service as required by law.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People benefited from a very caring and person-centred culture within the service. Comments from people included, "It's a very pleasant place to live" and, "The best thing about this place is the staff."
- Staff were person-centred in their approach. They worked together as a team to meet people's needs and promote a good quality of life.
- The management team had clinical backgrounds and good oversight of the nursing care responsibilities. Care and support was tailored to people's specific needs, this meant people achieved positive outcomes.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and relatives felt staff and management were approachable and helpful. The registered manager had an 'open-door' policy and welcomed and responded to feedback to continually improve the service.
- Staff and management worked collaboratively to improve the service; people were encouraged to give their views and voice their opinions so that changes could be made to improve their experiences.
- Staff worked in partnership with health and social care professionals to provide high quality care to people. Advice from health professionals was documented in care plans, communicated to relevant staff and guidance followed.
- The provider regularly sought feedback from people, relatives and health professionals to improve the service. This was captured through regular satisfaction surveys, informal chats and a suggestions box.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open

and honest with people when something goes wrong

- The registered manager understood their responsibility to be open, honest, and acknowledge mistakes if things went wrong.